

Exclusions to Coverage for the Medical Plans

The following exclusions and limitations apply to both the CIGNA HealthCare and the Presbyterian Insurance Company My Care medical plans. Items with a "*" may be eligible for reimbursements under the Presbyterian Insurance Company Unique Services Reimbursement Program (See page 10 for a summary)

Any exclusion listed would not be applicable if Covered under FIT Program in accordance with that which is required under N.M.S.A. § 59A-46-38.1. Refer to your Group Subscriber Agreement for details.

- Alternative/complementary therapies, except as specified in the Group Subscriber Agreement (GSA)*
 - Any service, treatment, procedure, facility, equipment, drugs, drug usage, device or supply determined to be not medically necessary or accepted medical practice
 - Artificial aids including speech synthesis devices except items identified in the Group Subscriber Agreement (GSA)
 - Athletic trainers*
 - Autopsies and/or transportation costs for deceased Members
 - Baby food (including baby formula or breast milk) or other regular grocery products that can be blenderized for oral or tube feedings
 - Benefits and services not specified as covered
 - Biofeedback, except as specified in the Group Subscriber Agreement (GSA)
 - Cancer Clinical Trials are limited to phase 2, 3 and 4 and must be provided for in the State of New Mexico in accordance with the provisions set forth in the Group Subscriber Agreement (GSA)
 - Care for conditions which State or local law requires be treated in a public or correctional facility
 - Care for military service connected disabilities to which the member is legally entitled and for which facilities are reasonably available to the member
 - Charges that are determined to be unreasonable by the carrier
 - Circumcisions performed other than during the newborn's hospital stay unless medically necessary
 - Clothing or other protective devices including prescribed photoprotective clothing, windshield tinting, lighting fixtures and/or shields, and other items or devices whether by prescription or not
 - Co-dependency treatment
 - Convenience items
 - Cosmetic surgery, treatments, devices, orthotics, and medications, including treatment of hair-loss
 - Costs for extended warranties and premiums for other insurance coverage*
 - Counseling - sex, pastoral/spiritual, and bereavement counseling
 - Court ordered evaluation or treatment, or treatment that is a condition of parole or probation or in lieu of sentencing, such as alcohol or substance abuse programs and/or psychiatric evaluation or therapy
 - Covered services obtained from a non-participating provider/practitioner, except as provided in the Group Subscriber Agreement (GSA) (Not applicable to the Presbyterian Independent option or to the services eligible for reimbursement under the Unique Services Reimbursement Program services)
 - Custodial or domiciliary care - including but not limited to eating, bathing, dressing or other self care activities or homemaker services.
 - Dental care and dental x-rays, except as provided in the Group Subscriber Agreement (GSA)*
 - Dental implants*
 - Disposable medical supplies, except when provided in a hospital or a physician's office or by a home health professional
 - Donor sperm
 - Exclusions related to covered durable medical equipment - additional wheelchairs, duplicate items, convenience items, upgraded or deluxe items, repair or replacement due to loss, neglect, misuse, abuse, to improve appearance, for convenience or items under the manufacturer or supplier's warranty
 - Elastic support hose
 - Elective abortions after the 24th week of pregnancy
 - Elective Home Birth and any prenatal or postpartum services connected with an elective home birth
 - Emergency facility used for non-emergent services
 - Exercise equipment and videos, personal trainers, club memberships and weight reduction programs*
 - Experimental/Investigational, as determined by the carriers, drugs, medicines, treatments or procedures
 - Extracorporeal shock wave therapy involving the musculoskeletal system
 - Eye movement therapy.
 - Eye refractive procedures including radial keratotomy, laser procedures, and other techniques*
 - Eyeglasses (Corrective) or sunglasses, frames, lens prescription, contact lenses or the fitting thereof except as provided in the Group Subscriber Agreement (GSA)*
 - Foot care (routine), except as provided in the Group Subscriber Agreement (GSA)
 - "Get acquainted" visits without physical assessment or diagnostic or therapeutic intervention provided
 - Gloves, unless part of a wound treatment kit
 - Hair-loss (or baldness) treatments, medications, supplies and devices including wigs, and special brushes
 - Halfway houses
 - Hearing aids and the evaluation for the fitting of hearing aids
 - Home sleep studies
 - Hospice benefits are not available for the following services: food, housing and delivered meals, volunteer services, comfort items such as, but not limited to, aromatherapy, clothing, pillows, special chairs, pet therapy, fans, humidifiers, and special beds (excluding those covered under durable medical equipment benefits), homemaker and housekeeping services, private duty nursing, pastoral and spiritual counseling or bereavement counseling
 - Hypnotherapy except as part of anesthesia preparation or chronic pain
 - Infant formula
 - In-vitro, GIFT and ZIFT fertilization
 - Lay midwife - Services of a lay midwife or an unlicensed midwife
 - Malocclusion treatment, if part of routine dental care and orthodontics
 - Massage therapy, unless performed by a licensed physical therapist and as part of a prescribed short-term physical therapy program
 - Medical and hospital services of a donor when the recipient of an organ transplant is a not a member or when the transplant procedure is not covered
 - New medications for which the determination of criteria for coverage has not yet been established by the carrier
 - Nutritional supplements except as provided in the Group Subscriber Agreement (GSA)*
 - Organ transplants (Non-human), except for porcine (pig) heart valve
 - Orthodontic appliances, endodontics, dental prosthetics, crowns, bridges, and dentures*
 - Orthodontic appliances and orthodontic treatment, crowns, bridges, and dentures used for the treatment of Craniomandibular and Temporomandibular Joint disorders, unless the disorder is trauma related*
 - Orthopedic or corrective shoes, arch supports, shoe appliances, foot orthotics, and custom fitted braces or splints except for patients with diabetes or other significant neuropathies
 - Orthotics (functional foot), except as provided in the Group Subscriber Agreement (GSA) for patients with diabetes or other significant peripheral neuropathies
 - Orthotics/orthosis (Custom Fabricated) except as specified in the Group Subscriber Agreement (GSA).
 - Over-The-Counter (OTC) medications except as specified in the Group Subscriber Agreement (GSA).
 - Personal or comfort items, services or treatments
 - Photophoresis for all conditions other than mycosis fungoides
 - Physical examinations, vaccinations, drugs and immunizations for the primary intent of medical research or non-medically necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, flight, travel, passports or functional capacity examinations related to employment
 - Prescription drugs received upon hospital discharge, provided by a hospital pharmacy unless a participating outpatient pharmacy is not available*
 - Prescription drugs requiring a benefit certification when benefit certification was not obtained*
 - Prescription drugs ordered by a non-participating provider or purchased at a non-participating pharmacy unless required due to an emergency occurring outside of the service area*
 - Prescription drug, compounded medications*
 - Prescription drug replacements due to loss, theft, or destruction*
 - Private duty nursing
 - Psychological testing when not medically necessary
 - Residential treatment centers unless for the treatment of alcoholism and/or substance abuse rehabilitation
 - Reversals of voluntary sterilization - male or female
 - Services for which the member is eligible under any governmental program (except Medicaid), or services for which, in the absence of any health service plan or insurance plan, no charge would be made to the member or dependent
 - Services requiring bcenefits certification when benefit certification was not obtained
 - Sex transformation surgery and drugs relating to sex transformation
 - Sexual dysfunction treatment, including medication, counseling, and clinics, except for penile prosthesis as provided in the Group Subscriber Agreement (GSA)
 - Special education, school testing or evaluations, counseling, therapy or care for learning deficiencies or disciplinary problems. This applies whether or not associated with manifest mental illness or other disturbances. Except as provided for under the Family, Infant and Toddler (FIT) Program. Refer to the Group Subscriber Agreement (GSA) for more information
 - Special medical foods, except as listed as covered in the Group Subscriber Agreement (GSA) for Genetic Inborn Errors of Metabolism
 - Storage or banking of sperm, ova (human eggs), embryos, zygotes, or other human tissue
 - "Telephone visits and electronic mail (E-mail)" by a Physician or "environmental intervention" or "consultation" by telephone for which a charge is made to the patient
 - Transportation costs for deceased members
 - Travel and lodging expense, except as provided in the Group Subscriber Agreement (GSA)
 - Vision care (routine) and eye refractions for determining prescriptions for corrective lenses, except as listed as covered in the Group Subscriber Agreement (GSA)*
 - Visual training
 - Vocational rehabilitation services and long-term rehabilitation services
 - Weight reduction or control treatments, except for medically necessary treatment for morbid obesity*
 - Work-related accidents or injuries or occupational illness or disease if the member is required to be covered under workers' compensation insurance, whether or not such coverage actually exists
- The following is also not covered by the CIGNA HealthCare plan:**
- Repair or replacement of durable medical equipment, orthotic appliances and prosthetic devices due to normal wear, loss or damage.
 - Private hospital rooms and/or private duty nursing except as provided in the Home Health Services as noted in the Group Service Agreement (GSA)
 - The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Surgical treatment of varicose veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, movement therapy; Applied kinesiology; Roling; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
 - Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
 - Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.
- The following is also not covered by the Presbyterian Insurance Company My Care plan:**
- Independent option - The following services are not covered on the out-of-network option: Organ transplants, infertility services, cardiac and pulmonary rehabilitation, covered mediations, prescription drugs, specialty pharmaceuticals and special medical foods.

The above is only a summary, some benefits may have further limitations or exclusions. For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.